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Discriminating Characteristics Between Attenders And Nonattenders Of Prepared Childbirth Classes

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DISCRIMINATING CHARACTERISTICS BETWEEN ATTENDERS AND NONATTENDERS OF PREPARED CHILDBIRTH CLASSES

By

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Abstract

A descriptive study was designed to survey discriminating characteristics between attenders and nonattenders of prepared childbirth. The researcher hypothesized that there would be no significant predictors of why women do or do not choose to participate in prepared childbirth classes.

Fifty-seven women between the ages of 21 and 40 who had at least one living child were interviewed. Then responses to the "Discriminating Characteristics Questionnaire" were recorded and analyzed. Of these fifty-seven women, 14 had chosen to attend prepared childbirth classes while 43 did not attend the classes.

The data collected from the questionnaire were analyzed by descriptive statistics and Chi-square. Analysis of data revealed two significant predictors concerning whether women did or did not attend prepared childbirth classes. The analyses led the researcher to reject the null hypothesis.

CHAPTER I

The Research Problem

Interest in prepared childbirth education has grown markedly over the past two decades due to the introduction of the Lamaze method of childbirth (Watson, 1977). Researchers have demonstrated that prepared childbirth classes may result in better health care for the infant through enhanced bonding, pain relief for the mother, and improved marital relationships (Barnard & Bee, 1979; Giefer & Nelson, 1981; Ratliff, 1983; Whittenton, 1977; Worthington, 1982).

In 1979 the national birth total of the United States was 3,490,000 (U. S. Department of Commerce, Bureau of Census, 1981, pp. 59-65). According to the Mississippi Statistical Abstract (1982), the state of Mississippi recorded 45,919 births in 1979. The number of births in a north Mississippi medical hospital was 2,225 in 1983 (A. D. Sanders, personal communication, March 7, 1984). In this same Mississippi area, of the number of women giving birth, only 120-130 women chose to manage labor and delivery through childbirth education (P. Ratliff, personal communication, March 12, 1984).

Couples enter prepared childbirth classes seeking information

and factual knowledge, and they usually expect to be guided through the experience of birth (Woolery, 1981). By participating in prepared childbirth classes, couples may find that their relationship has been enhanced. Rubin (1975) believes that the survival of nuclear family is totally dependent upon the husband-wife relationship. In 1979, Barnard and Bee suggested that support and involvement, especially in the prenatal period, has a significant impact on mother-infant, father-infant,and mother-father relationships.

Bonding and attachment behaviors of parents during the birth process improve through interaction techniques taught in prepared childbirth classes (Giefer & Nelson, 1981). Ratliff (1983) studied the attachment behaviors of fathers who participated in prepared childbirth classes in relation to those fathers who did not attend. It was found that fathers who participated in childbirth education had higher scores in attachment behaviors than fathers who did not attend.

With respect to pain relief for the mother, Whitenton (1977) found that women practicing prepared childbirth require less analgesia and/or anesthesia than women not attending childbirth classes. The use of exercises taught in pre-natal classes proved beneficial in the relief of low back pain during labor (Maring-Klug, 1982). Structured breathing, attention focal points, coaching, relaxation, and practice also control pain during labor (Worthington, 1982).

With all the benefits of prepared childbirth classes found in the review of the literature, why do some women choose to participate in classes while others do not? The researcher became interested in this problem after teaching several prepared childbirth classes. Attenders were, in general, well educated, middle-class women. Lower socio-economic classes were rarely represented even though the classes were offered at no cost. Statistics have been collected indicating who attend prepared childbirth classes. However, as yet, the researcher can not find documented in the literature the reasons why women choose to attend or not attend prepared childbirth classes.

Watson (1977) found that 187 (80.6%) of wives who attended childbirth education classes had been educated at least one year beyond high school. All of these women were receiving care from private obstetricians. Watson included in her recommendations that an effort be made to reach the majority of expectant parents who are not at present being served by childbirth classes in order to determine reasons for nonattendance and to establish education programs to meet their needs.

Childbirth education tends to reach well-educated, middle-class consumers and, in general, does not provide for special interest groups or lower socioeconomic consumers (Sasmor & Grossman, 1981). Beebe and Pendleton (1968) documented that "many mothers

from lower socio-economic groups do not attend formal classes for expectant mothers even when they are offered" (p. 85-87). Nunnally (1974) discovered that clinic patients will not voluntarily seek out or attend classes.

Based upon research cited in the literature, the researcher believes that childbirth education is the best means of education for pregnant women. It is the Family Nurse Clinician's (FNC) obligation to provide options and information in order that the client can choose the best avenue of health care. Since prepared childbirth enhances bonding, provides pain relief for the mother and improves marital relationship, the researcher believes that prepared childbirth classes provide this avenue.

With increased participation in prepared childbirth the whole family unit will be affected. Enhanced marital relationships will not only affect the couple but the child. With pain relief provided through knowledge of the childbirth experience, the husband, mother and child will be affected. Enhanced bonding through prepared childbirth provides better health care for the infant.

The purpose of this research was to determine reasons why women chose to attend or not to attend prepared childbirth classes. Data from this study will be used to reach mothers who are not attending childbirth classes. With greater participation, the benefits

received will be better health care for the infant through enhanced bonding, pain relief for the mother, and improved marital relationships. The research question this study was seeking to answer was: Are there discriminating characteristics that determine whether or not women choose to participate or not participate in prepared childbirth classes?

CHAPTER II

Theoretical Basis for Research

The theoretical basis for this study was Orem's theory of self-care. Orem believes that self-care is a necessary component in the client's health care, because until a client accepts responsibility for his health behavior, he is not truly involved in his care (Orem, 1959).

Orem (1959) defines nursing as "the direct assistance to a person, as required, because of a person's specific inabilities in self-care, resulting from a situation of personal health" (Orem, 1959, p. 5). Orem further indicates that nursing's special concern is man's need for the provision and management of self-care action to sustain life and health (Orem, 1971). Because of Orem's beliefs about nursing, the Family Nurse Clinician (FNC) encourages prepared childbirth classes as a means of direct assistance to expectant clients by providing knowledge and skills toward management of the pregnancy and delivery.

Orem reflects man as self-reliant and responsible for self-care and well-being. Self-care is a requirement of man (Fitzpatrick & Whall, 1983). It is man's capacity to reflect upon his experiences

and his environment that innately motivates him toward self-care. Man has internally-oriented behaviors needed to function in self-care, which are activities that he personally initiates and performs on his own behalf to maintain life, health and well-being. The researcher focused on behaviors that prevent the client from taking advantage of participation in childbirth classes. Activities of self-care are learned relative to the beliefs, habits, and practices which characterize the cultural group of the particular individuals involved (Orem, 1971, 1980). This research study reflected how beliefs, habits, practice and culture affect expectant clients' participation in prepared childbirth classes.

Environment is considered as a sub-component of man. Environmental factors have an impact on the health needs of man. Conditions of the environment conducive to development include opportunities to be helped by being with persons or groups where care is offered (Orem, 1980). The setting of childbirth classes provides a conducive environment of self-care because it offers the opportunity for the client to be with a group motivated toward self-care activities. This support then helps the client in his own self-care activities. This research proposed to examine possible environmental barriers to self-care as evidenced by participation in childbirth classes.

Self-care requisites are expressions of the kinds of purposive self-care that individuals require. The self-care requisites fall into the category of developmental self-care. These requisites are associated with human developmental processes and conditions and events occurring during various stages of this life cycle and events that can adversely affect development (Orem, 1980). In this research study, the clients were experiencing the developmental event of pregnancy and how it affects life. From the perspective of preventive health care, prepared childbirth classes meet developmental self-care requisites of the client.

Client's self-care requirements can be met by three recognized nursing systems: (1) wholly compensatory, (2) partly compensatory, and (3) supportive-educative (developmental) nursing system (Orem, 1980). The FNC believes that childbirth classes are the most effective means of providing education and support to expectant clients. However, the clients must attend the classes to receive skills and knowledge provided by the FNC. The focus of the research study was to determine behaviors and barriers that inhibit clients from attending childbirth classes. The FNC can use this information to determine what efforts must be made to elicit participation in childbirth classes.

This research study sought to test the theory of self-care

practices utilized as childbirth preparation in expectant clients. It focused on factors such as behaviors, cultures and attitudes of the clients in relation to why clients do not participate in childbirth classes. The researcher attempted to determine why expectant mothers did or did not participate in these classes as a means to meet their self-care needs.

CHAPTER III

Theoretical Hypothesis

Theoretical Hypothesis

When women are surveyed and the results are analyzed, there will be no significant predictors of why women do or do not choose to participate in prepared childbirth.

Theoretical Definitions

1. Women--any female twenty-one years of age or older who has delivered one or more babies.

2. Surveyed--given the "Discriminating Characteristics Questionnaire."

3. Analyzed--using the Chi square.

4. Significant--at the .05 level.

5. Predictors-- common factor determining attendance or nonattendance.

6. Participate--attend prepared childbirth classes.

7. Prepared childbirth--any method that prepares women to actively participate in the labor and delivery process

Operational Hypothesis

When any female twenty-one years of age or older, who has delivered one or more babies is given the "Discriminating Characteristics Questionnaire" and the results are analyzed using the Chi square at the .05 level, there will be no common factors underlying the decision by women to or not to attend prepared childbirth classes.

CHAPTER IV

Review of the Literature

Introduction

The review of the literature is concerned with non-attendance of expectant parents in prepared childbirth classes. In reviewing the literature, this researcher found no studies conducted in this specific subject area. The review of literature will be divided into three sections to investigate factors for non-participation in childbirth classes. This researcher will first give a history of prepared childbirth to give the reader an understanding of the development of these classes. Secondly, various advantages of childbirth education will be discussed from the literature. The remainder of the chapter will cite research articles concerning demographic data in relation to the attendance of prepared childbirth classes.

History of Prepared Childbirth

Since biblical times, childbirth has been associated with pain. One of the first people who questioned this inevitability of pain was an English doctor named Grantley Dick-Reed. In 1914, Reed "began to realize there was no law in nature and no design that could

justify the pain of childbirth" (Reed, 1959, p. 18). Thus, Reed began years of thinking and observing that led him to his theory and method which he called "Natural Childbirth" (Reed, 1959, p. 18).

Reed's theory focused on removing fear and tension, thereby reducing pain. "By removing fear," he wrote, "tension is reduced and pain is minimized" (Tanzer, 1972, p. 25). Reed focused on education as the main tool to remove fear. Patients received instruction in female anatomy and physiology, hygiene in pregnancy and the process of labor and delivery. Tension was combated by instruction in relaxation, proper respiration, and general physical fitness. Despite criticism, Reed won devoted followers in England and the United States (Tanzer, 1972).

Another method called the psychoprophylatic, Pavlov or Lamaze, method evolved out of the work of many European scientists starting in the early 1800's. Platanov, a Russian neuropsychiatrist, experimented with hypnosis as an alternative to anesthesia. He believed that both mother and baby benefited from hypnosis, but had to fight medical and public opinion. By 1927, however, Platanov himself had performed close to one hundred hypnotic deliveries (Tanzer, 1976). Hypnosis in childbirth did not work well on a mass scale, but knowledge gained was not wasted for it led to the psychoprophylactic method (PPM).

PPM is derived from Pavlovian theory which has as its goal "the substitution of new or conditioned responses for what was previously felt as pain" (Tanzer, 1976, p. 28). Pavlov believed that conditional reflexes account for much of our behavior. The usual response of fear or pain due to uterine contractions was not considered inborn or inevitable; rather it is learned or conditioned. Pavlov believed since it was conditioned, it could be deconditioned through proper education (Tanzer, 1976).

Psychoprophylaxis has been defined as a rethinking or deconditioning to get rid of preconceived ideas. It is a reconditioning which acts to supplant old responses with new ones. Psychoprophylaxis means, in sum, preparation beforehand for prevention of problems (Tucker, 1975).

Lamaze of Paris encountered PPM in the Soviet Union, and in 1951, introduced it to France. In France, Lamaze found an eagerness for change in the old childbirth routines. Lamaze's training was seen by them to symbolize their own progressive thinking which "encompassed the usefulness of suffering, faith in new techniques, demystification of sex, freedom for women, and the significance of awareness of activity" (Tucker, 1975, p. 79).

Lamaze relied on two basic ideas in his modified PPM approach, associated conditioning with reconditioning and inhibition. His

method seeks to destroy conditioned associations that pain is inevitable in childbirth, and to increase inhibition to keep out painful stimuli. Therefore, concentration would be focused so that pain no longer exists. This is accomplished through breathing and relaxation exercises (Tucker, 1975).

Lamaze techniques supported Christian values. The Catholic church in France pronounced its favor on the method, with several French cardinals being the first to support it. With this support, the Lamaze method of childbirth gained wide acceptance in France. It was not so readily accepted in the United States because women and physicians were well grounded in drugs and anesthesia (Tucker, 1970).

Karmel's book, Thank You, Dr. Lamaze, dealt with her childbirth experiences and promoted a great deal of interest in the United States (Karmel, 1959). Gradually, obstetricians began to support and use the Lamaze method. Bing, one of the first prepared childbirth instructors in America, and Karmel founded the American Society for Psychoprophylaxis in Obstetrics (Tanzer, 1975). This society helped to further the availability of prepared childbirth classes. Today instructions in prepared childbirth are being widely utilized and its acceptance is growing rapidly.

Advantages of Childbirth Education

Many different advantages have been gained from prepared

childbirth instruction. Hungerford (1972) believes one of the more significant values is an improvement in the marital relationships. The man and woman achieve a closeness from working together for their child, showing the initiation as well as the conclusion of birth. Another valuable result seen by Hungerford is the transfer of preparation techniques to the parent-child relationship. The enjoyment experienced through prepared childbirth enable the mother to feel "closer to her child than one who associates the experience with frustration, embarrassment and agony" (Hungerford, 1972, p. 9).

Giefer and Nelson (1981) described the interaction of parents in the birth process important to the process of bonding and attachment. Many fathers felt uncomfortable with handling of the infant due to lack of prior experience. Through childbirth classes, expectant fathers were offered opportunities to gain knowledge, skill, and practice to make them feel more comfortable with this interaction and facilitate attachment. Response of the participating fathers indicated that the classes were effective in promoting development of parenting skills.

Curtis tested the hypothesis "that mothers who participate in prepared childbirth will experience a greater bonding with their infants than mothers who have not participated in prepared childbirth" (Curtis, 1979, p. 7). Data were collected from a total of eleven subjects, six

in the control group and five in the experimental group, utilizing the Maternal Behavior Scale. Ten women were White and one woman was Black, aged 20-26 years in the control group and 21-28 years in the experimental group. Educational levels ranged from tenth grade to college graduate (Curtis, 1979).

The subjects in Curtis' research were evaluated on maternal behavior the day of delivery, post-partum day two, and on the fourteenth post-partum day. All the ratings on the Maternal Behavior Scale increased from the first to the third observation. The theoretical hypothesis was not supported by this study, but the maternal scores did improve from visit to visit (Curtis, 1979).

In a descriptive study of the effects of prepared childbirth of paternal-infant bonding, Ratliff tested the hypothesis that "the attachment behaviors of fathers who participated in prepared childbirth classes will be the same as the attachment behaviors of fathers who did not participate in prepared childbirth classes" (Ratliff, 1983, p. 8). Ten subjects utilized the observation checklist divided into three categories for data collection. Of these ten subjects, five had attended prepared childbirth classes (Group 1) and five had not attended prepared childbirth classes (Group 2). The subjects' ages ranged from 23 to 29 years of age with educational level ranging from 11 to 16 years. Although there was no significant

difference between the three categories of the observation, the mean score for Group 1 was higher in all three categories. "The higher mean scores suggest a trend toward the effectiveness of prepared childbirth" (Ratliff, 1983, p. 28).

Utilization of exercises during labor is another advantageous effect of pre-natal health teaching in relation to the mother's experience of low back pain (Maring-Klug, 1982). The researcher believed that fundamental principles of good posture, proper body mechanics, exercise, and good footwear should be introduced early in pregnancy rather than waiting until the third trimester. These fundamental principles were introduced with emphasis on exercise, and findings suggest that low back pain can be effectively reduced during pregnancy.

Whitenton (1977) studied the effects of prepared childbirth upon the response of the family to the childbirth experience. Two hypotheses were tested: "Families participating in prepared childbirth education will experience increased satisfaction with childbirth process more than families who have not been exposed to such education" and "women practicing prepared childbirth will require less analgesia and/or anesthesia than women not attending childbirth education classes" (Whitenton, 1977, p. 4). A causal-comparative design was used with a sample of seven cases, four in group A

(prepared couples) and three in group B. A questionnaire and audit were used as methods of data collection. Due to the reduced number of cases, a description in tabular form of the data was the chosen method of analysis.

Data analysis showed both differences and similarities between groups of mothers. Overall response of the participants was favorable with respect to satisfaction with prepared childbirth. "Analgesia and anesthesia were included in data retrieved from both prepared mothers and those unprepared by childbirth education" (Whitenton, 1977, p. 39).

Woolery (1983) uses childbirth education to increase the expectant parents' self-care goals. The self-care framework is found by the researcher to be particularly useful where patients are usually eager to accept and want responsibility for their own health. Parents set their own health goals, usually including a healthy infant and mother, a comfortable pregnancy and birth, and a nurturing family relationship. "The more expectant parents know about their therapeutic self-care demands of pregnancy (and how to meet them), the more likely they will be able to set and achieve reasonable goals" (Woolery, 1983, p. 35).

Demographic Data Related to Childbirth Attendance

In 1978, the Nurses' Association of the American College of

Obstetricians and Gynecologists (NAACOG) began a study to investigate the status of childbirth education in the United States. A population of 7,700 childbirth educators was represented by responding to a questionnaire form. Of these, 368 (47.4%) were returned with a total of 238 (30.7%) fully completed and useable questionnaires. Specific items addressed socioeconomic status and educational preparation. It was reported by respondents that in any typical class the proportion of upper socioeconomic level participants ranged from 1% to 70%, middle socioeconomic level was 5% to 100%, and lower socioeconomic level was 1% to 100%. A simple addition of selected percents showed that 70.4% of teachers indicate that from 46% to 100% of the participants were from the middle socioeconomic level, and only 13.3% were from the lower socioeconomic level.

With respect to educational preparation, childbirth educators reported most clients had finished at least high school. There were about as many who had gone to graduate school as had not finished high school. At the conclusion of data collection in 1980, it was found that childbirth education reaches well-educated, middle-class consumers generally not providing for lower socioeconomic consumers (Sasmor & Grossman, 1981).

Studies done during the late 1950's and early 1960's show

demographic factors affecting childbirth class attendance. Yankauer's study (cited in Watson, 1977) indicated that parents attending classes have a higher educational level with an over-representation of higher executive and professional occupations, and an under-representation of skilled labor. Mann, Joseph, and Woodward (cited in Watson, 1982) found an overbalance of middle class groups, judged in terms of occupation and social position. Many of the parents were in their late 20's and early 30's, and most were highly educated.

Using a registration questionnaire form for prepared childbirth classes, a study was conducted to investigate data on parents' attendance in classes offered by Childbirth Education Association (CEA) of Rhode Island. From observations of CEA, Watson (1977) hypothesized that: the majority of parents served by CEA classes reside in Providence, Rhode Island, have completed one year of college,are in professional occupations, are 26 years old or above, are referred by word of mouth, are primigravidas attending classes for the first time,and plan to deliver at Providence Lying-In Hospital. Watson also hypothesized that there is no significant difference in the number of couples served in any single calendar month. The researcher's last hypothesis was that the majority of women enrolled in CEA classes plan to breastfeed their babies.

The sample consisted of 611 parents registered for CEA classes

between 1968 and May 1973. The data were subjected to computation of percentages and direct numerical computation to test the hypothesis. Of the 611 couples, 274 (44.8%) lived in Providence, Rhode Island, and 415 wives (68%) and 504 husbands (82.5%) had completed at least one year of college. Three hundred and twenty of the wives (52.4%) and 329 husbands (53.8%) were in professional occupations. Two hundred and seventy-seven (45.3%) of wives and 398 (65.1%) of husbands were 26 years old and above. Primigravidas numbered 426 (69.7%), multi-gravidas 185 (30.3%) and 68 couples (11.1%) had attended childbirth classes previously. Of the 611 couples, 495 (81%) had chosen Providence Lying-In Hospital for delivery and 165 (27%) had heard of CEA class through "word of mouth". The number of deliveries ranged from 33 in September (5.4%) to 63 in May (10.3%) and 467 (76.4%) planned to breastfeed their infants (Watson, 1977). All but three of the researcher's nine hypotheses were supported. In view of the researcher's findings it was recommended that "an effort be made to reach the majority of expectant parents who are not, at present, being served by childbirth classes in order to determine reasons for non-attendance and establish education programs to meet their needs".

Cooke (1978) conducted a descriptive research study in which three hypotheses were tested: "The older the couples, the greater

the percentage of those prepared for childbirth;" "the higher the educational level of the couple, the greater the percentage of those prepared for childbirth;" and "the more professional the occupations of the couples, the greater the percentage of those prepared for childbirth. A registration form utilized in Watson's study (1977) was the tool used to obtain the required data for this study.

From data collected, based on a sample of 27 males and 27 females, 85% were females over the age of 21 as compared with 96% of the males. Seventy percent of both females and males had completed at least one year of college, and 37% of the males and 19% of females were college graduates. Sixty-one percent of males were engaged in professional, technical, or managerial positions as compared with only 50% of the females (Cooke, 1978).

Summary

The common demoninator in the research is that many expectant parents are not being reached by childbirth education. The conclusion made by this researcher is that further research was warranted to determine reasons for non-attendance. By isolating factors of non-participation, an effort can be made to reach the expectant parents who are not benefiting from childbirth education.

CHAPTER V

Research Design and Methodology

Research Design

The research design selected for this study was the descriptive survey. Descriptive research has as its main objective the accurate portrayal of the characteristics of a person, situations or groups. Descriptive research aims predominantly at describing phenomena rather than explaining them (Polit, 1978). This method was appropriate when studying practices and attitudes among childbearing women because the researcher could not manipulate or control these behaviors. The purpose of this study was to determine significant predictors of why women do attend or do not attend prepared childbirth classes.

Variables

The dependent variables of this study were the reasons women do or do not choose to participate in prepared childbirth classes as reflected by answers selected on the tool "Discriminating Characteristics Questionnaire." The controlled variables were: age, sex, and parity. Intervening variables include: race, educational beckground, religion, marital status, and history of

prepared childbirth education.

Setting, Population, Sample

The setting for the sample was an urban city in Mississippi with a population of approximately 23,905 people in 1980 (U. S. Bureau of Census, 1980). It is a county seat and is considered an "All-American City". The major employment center is a regional medical center which employs approximately 2,000 people. Manufacturing supplies the majority of other jobs along with wholesale and retail trade. In 1980, the median family income was $15,952, while per capita income was $7,830 (U. S. Bureau of the Census, Census of Population, 1980 & U. S. Bureau of Economic Analysis, 1982).

The population consists of two major racial groups, Blacks and Whites. The percentage of persons with four years of high school in 1980 was 63.1% for Whites and 36.8% for Blacks. The percentage of persons with four or more years of college was in 1980, 13.9% for Whites and 5.4% Blacks (U. S. Bureau of the Census, State Board of Education). In 1979, there were 443 live births where the study will be conducted; 151 to black women and 292 to white women (Mississippi Statistical Abstract, 1980).

The population for this study was that of women at least 21 years of age who have one or more living children during the period

of data collection. The sample was drawn from postpartal women in the regional medical center. The sample consisted of all clients who met the requirements for inclusion in the study and consented to participate. The researcher drafted a sample of 57 mothers for the study.

Data Gathering Process

A letter was sent to the physicians to obtain permission to conduct the survey using their patients as participants (See Appendix A & B). Written consent was obtained from the physicians and from the administrator of the Perinatal Center in the medical center in which the survey was conducted (See Appendix C). The nature and purpose of the study was explained to the sample consisting of patients who met the set criteria, were contacted by the researcher, and who agreed to participate. Signed verification of informed consent was obtained from all participating clients (See Appendix D). Anonymity was maintained. Responses to the "Discriminating Characteristics Questionnaire" was gathered by the researcher through private interview at the clinical facility (See Appendix E).

Instrumentation

A "Discriminating Characteristics Questionnaire" designed by the researcher was administered. Data gathered included: age,

race, religion, marital status, last grade completed in school, birth order of this child and history of prepared childbirth education. Included in the questionnaire was a checklist of reasons why the women chose to attend or not attend prepared childbirth classes. Reasons for attending classes to choose from are: Dr. suggested it, needed the information, thought it would be good for the baby, saw poster advertising the class, knew someone else had attended, wanted to try to have baby without use of anesthesia, wanted to learn breathing and relaxation techniques,and wanted husband to be an active part of the birth.

Reasons for not attending classes to choose from are: lack of finances, lack of transportation, didn't know about it, had no one to attend with me, Dr. did not suggest it, didn't think it was necessary, too far to travel, and attended with previous pregnancy. The last two options on the questionnaire were added after the second respondent stated that her reasons were too far to travel and that she had attended with a previous pregnancy. This did not affect the first respondent's answers since she had attended prepared childbirth classes. Each patient was asked to check each appropriate answer regarding why she chose to attend or not attend prepared childbirth classes and to star the most important reason. When more than one option was

starred, the respondent was asked to double star the most important reason.

The tool was pretested with five postpartal women having at least one living child. For the purpose of this research the tool was assumed to have face reliability and validity within the confines of this study.

Statistical Analysis

Descriptive statistics were used to analyze the data collected from the "Discriminating Characteristics Questionnaire." The Chi-square statistic was used to test the significance of the predictors of why women choose to participate or not participate in prepared childbirth classes. The Chi-square statistic is used when the study consists of categories of data and hypotheses concerning the proportion of cases that fall into the various categories (Polit, 1978).

Assumptions

1. Mothers will be willing to participate in this study.
2. Mothers will have an opinion on why they did or did not attend prepared childbirth classes.
3. Responses will be honest.
4. The method of data collection will elicit quality responses.

5. Prepared childbirth classes are the best method of education for pregnant mothers.

6. Findings will aid in reaching pregnant mothers for greater attendance in prepared childbirth classes.

Limitations

1. Conclusions of the study may not be generalized outside this urban Mississippi city.

2. Conclusions will not be generalizable to mothers less than 21 years of age.

3. Conclusions will not be generalizable to pregnant women who have not yet given birth to a child.

4. Conclusions will not be generalizable to fathers.

5. Conclusions may not be generalizable due to small sample size.

CHAPTER VI

Analysis of Data

The purpose of this study was to identify the discriminating characteristics between attenders and nonattenders of prepared childbirth classes. The test used was the "Discriminating Characteristics Questionniare."

A total of 57 subjects from a regional medical center were interviewed. The group consisted of 49 Whites and 8 Blacks. The age range of the mothers was 21 to 40 years with a mean age of 26.7 years. Fifty-three of the mothers were currently married and four were not married. The mothers had at least one and no more than four children. Years of formal education ranged from 7-18 years with a mean of 13.2 years. Fifty-two women were Protestant, one was Catholic, and four expressed no religious preference. Of the total 57 subjects, 14 had chosen to attend prepared childbirth classes while 43 did not attend classes. These data are found in Table 1.

Hypothesis

The researcher hypothesized that there would be no significant predictors of why women do or do not choose to participate in

Table 1

Demographic Data and Discriminating Characteristics

Subject	Age	Race	Religion	MS	Ed	Birth Order	Ever Attended PCC	Attended PCC with this Pregnancy
S1	22	W	P	M	12	1	Yes	Yes
S2	29	W	P	M	12	1	No	No
S3	31	W	P	M	16	Later	Yes	No
S4	22	W	P	M	12	1	Yes	Yes
S5	22	W	P	M	12	1	Yes	Yes
S6	24	W	P	M	13	Later	Yes	No
S7	28	B	P	M	13	Later	No	No
S8	27	W	P	M	13	Later	No	No
S9	20	W	P	M	16	Later	Yes	No
S10	21	W	P	M	14	1	Yes	Yes
S11	31	W	P	M	12	Later	No	No
S12	32	W	P	M	18	1	Yes	Yes
S13	24	B	P	M	11	Later	No	No
S14	31	W	P	M	18	Later	Yes	No
S15	23	W	P	M	14	1	Yes	Yes
S16	21	W	P	M	13	1	No	No
S17	25	W	P	M	18	1	No	No
S18	23	W	P	M	16	1	Yes	Yes
S19	27	W	C	M	12	1	Yes	Yes
S20	30	W	P	M	12	Later	No	No
S21	22	W	P	M	12	1	Yes	Yes
S22	21	W	P	M	11	1	No	No
S23	24	W	P	M	13	1	No	No
S24	24	B	P	M	16	Later	No	No
S25	34	W	P	M	10	Later	No	No
S26	40	B	N	M	12	Later	No	No
S27	26	W	P	D	12	1	No	No
S28	23	W	P	M	16	Later	No	No
S29	29	W	P	M	16	Later	Yes	Yes
S30	34	W	P	M	16	Later	Yes	No
S31	30	W	P	M	12	Later	No	No
S32	34	W	P	M	10	Later	No	No
S33	31	W	P	M	18	Later	Yes	No
S34	27	W	P	M	12	1	Yes	Yes
S35	24	B	P	M	11	Later	No	No
S36	21	W	P	S	12	1	No	No
S37	25	W	P	M	16	1	No	No
S38	33	W	P	M	17	1	Yes	Yes
S39	21	W	P	M	12	1	No	No
S40	35	W	P	M	16	Later	No	No
S41	25	B	N	S	11	Later	No	No
S42	27	W	P	M	15	Later	No	No
S43	31	W	P	M	13	Later	Yes	No
S44	26	W	P	M	16	1	Yes	Yes
S45	23	W	P	M	8	Later	No	No
S46	24	W	N	M	9	Later	No	No
S47	25	W	P	M	10	Later	No	No
S48	28	W	P	M	18	Later	Yes	No
S49	27	W	P	M	16	1	Yes	Yes
S50	25	W	P	M	12	Later	No	No
S51	27	W	P	M	12	Later	No	No
S52	22	W	P	M	7	Later	No	No
S53	23	B	N	M	12	Later	No	No
S54	34	B	P	M	14	Later	No	No
S55	29	W	P	M	13	1	No	No
S56	29	W	P	M	11	1	No	No
S57	22	W	P	M	12	1	No	No

MS = Marital Status
Ed = Years of Education
P = Protestant
C = Catholic
N = None
1 = First Born Child
Later = Later Born Child
PCC = Prepared Childbirth Classes

prepared childbirth. The Chi-square was used to test the significance of the predictors. Two predictors were found to be significant at the 0.05 level, so the researcher rejected the null hypothesis.

When the number of women who chose to attend childbirth classes was compared with birth order, the Chi-square value was 15.5527. This showed that more women attended with their first child than attended with later pregnancies (See Table 2).

Table 2

Chi-Square Analysis of Birth Order and Attendance of Prepared Childbirth Classes

Birth Order	Observed Frequency	Expected Frequency	Square df=1
First	25	43.9	*15.5527
Later	32	56.1	

*$p \leq .05$

When the number of women who chose to attend childbirth classes was compared with whether classes had previously been attended, the Chi-square value was 26.1897. This indicated that if mothers had previously attended classes with another pregnancy, they would not attend with subsequent pregnancies (See Table 3).

Table 3

Chi-Square Analysis of Previous Attendance of Prepared Childbirth Classes and Attendance of Prepared Childbirth Classes

Attended Previous Classes	Observed Frequency	Expected Frequency	Square df=1
No	35	61.4	*26.1897
Yes	22	38.6	

*$p \leq .05$

Additional Findings

The researcher collected some data that were not related to the hypothesis, but which are believed to be of interest. Of those who did attend childbirth classes, four predictors were believed to be important. Each of the following predictors received 7.1% as the most important choice for attendance: "needed the information", "thought it would be good for the baby", and "wanted to learn breathing and relaxation techniques". Overall, the most important predictor, receiving 78.6% was the choice about wanting the husband to be an active part of the birth process (See Table 4).

Of those who did not attend childbirth classes, eight predictors were believed most important. The predictors regarding "lack of finances" and "not suggested by the doctor" received 2.3%. The

Table 4

Reasons for Choosing to Attend Prepared Childbirth Classes

Predictor	Important		Most Important	
	f	%	f	%
Dr. Suggested	7	50.0	0	0
Needed Information	11	78.6	1	1.8
Thought Good for Baby	4	28.6	1	7.1
Saw Poster Ad	1	1.8	0	0
Knew One Who Attended	3	21.4	0	0
Try Birth Without Anesthesia	3	21.3	0	0
Wanted to Learn Breathing/ Relaxation Techniques	9	64.3	1	1.8
Wanted Husband Active Part in Birth	3	21.4	11	78.6

two predictors "conflict in schedule" and "too far to travel" received 14.0%. The choices of "did not know about it" (prepared childbirth) and "no one to attend with me" each received 9.3% and 7.0% respectively. Those who attended with previous pregnancy numbered 16.3%. Overall, the most important predictor of nonattendance receiving 34.9% was the choice about not thinking prepared childbirth was necessary (See Table 5).

Table 5

Reasons for Not Choosing to Attend Prepared Childbirth Classes

Predictor	Important		Most Important	
	f	%	f	%
Lack Finances	3	7	1	2.3
Lack Transportation	1	1.8	0	0
Didn't Know About It	1	2.3	4	9.3
No One to Attend With Me	3	7.0	3	7.0
Dr. Did Not Suggest	8	18.6	1	2.3
Did Not Think Necessary	4	9.3	15	34.9
Conflict in Schedule	4	9.3	6	14.0
Too Far to Travel	2	4.7	6	14.0
Attended With Previous Pregnancy	1	2.3	7	16.3

CHAPTER VII

Summary, Conclusions, Implications, and Recommendations

Summary

A descriptive study was designed to survey discriminating characteristics between attenders and nonattenders of prepared childbirth. The researcher hypothesized that there would be no significant predictors of why women do or do not choose to participate in prepared childbirth classes.

Fifty-seven women between the ages of 21 and 40 who had at least one living child were interviewed. Then responses to the "Discriminating Characteristics Questionnaire" were recorded and analyzed. Of these fifty-seven women, 14 had chosen to attend prepared childbirth classes while 43 did not attend the classes.

The data collected from the questionnaire were analyzed by descriptive statistics and Chi-square. Analysis of data revealed two significant predictors concerning whether women did or did not attend prepared childbirth classes. The analyses led the researcher to reject the null hypothesis.

Conclusions and Implications

Based upon data obtained from this study, it was indicated that more primigravidas attend prepared childbirth classes. This coincided with Watson's (1977) study in which 426 primigravidas (69.7%) and 185 multigravidas (30.3%) had attended childbirth classes. This was further validated by another finding in this study. Choice of the second predictor indicated that women who had previously attended prepared childbirth classes would not attend with subsequent pregnancies.

This study has several implications for nursing. The results of this research show a great need for educating the mother as to the benefits to the child and herself gained through prepared childbirth. This is based on several conclusions. Even though 78.6% of women who did attend prepared childbirth believed "needed the information" was important, only 1.8% thought this was the most important reason for attendance. While 28.6% of women thought "it would be good for the baby," only 7.1% thought this was the most important reason for attendance. Of women who did not attend,34.9% "did not think it was necessary" was chosen as the most important reason for nonattendance.

This study indicates that the Family Nurse Clinician's (FNC)

energy should be directed to informing women of the benefits of prepared childbirth classes. Data would seem to indicate that nurses have failed to convey the importance of the health of the mother and the baby in the past.

In addition, 78.6% of mothers who did attend prepared childbirth classes did so because they wanted the husband to be an active part of the birth process. These data seem to highlight the importance of teaching women about the active role that husbands play in prepared childbirth. The FNC should include the father in the education of the benefits of prepared childbirth classes.

Furthermore, it seems that the FNC should focus her energy particularly in educating primagravidas and multigravidas who have never attended prepared childbirth classes. Most multigravidas who have attended previously do not attend with subsequent pregnancies. However, one women surveyed said she would like to have attended a refresher course.

The findings seem to indicate that women did not feel that prepared childbirth education was necessary. Based on this, it seems that pregnant women are not well informed of the benefits of prepared childbirth. The FNC should provide this information so that women will then be able to make an informed decision.

Recommendations

Nursing:

1. The FNC should provide more education to the mother regarding the benefit of prepared childbirth classes to the mother and the child.

2. The FNC should highlight the father's role in the active process of labor and birth.

3. The FNC should find out whether mothers have attended prepared childbirth classes and concentrate on those who have never attended.

4. Education about prepared childbirth should be presented to all first-time mothers and mothers who have never attended prepared childbirth classes.

Research:

1. Replicate the study using a larger sample.

2. Conduct a similar study sampling not only mothers currently attending prepared childbirth classes but also mothers who attended prepared childbirth classes in the past.

3. Conduct a similar study with fathers to find out why mates would or would not support attendance of prepared childbirth classes.

4. Conduct further research into benefits of prepared

childbirth to mother and child.

5. Conduct a longitudinal study to see if previous attenders used knowledge gained through prepared childbirth classes in subsequent pregnancies.

APPENDICES

Appendix A

Letter to Physicians

Dear Dr. _____:

I am a registered nurse currently enrolled in the Graduate Nursing Program at the Mississippi University for Women. I am researching the reasons pregnant mothers chose to attend or not attend prepared childbirth classes.

I would like your permission to contact patients (under your care) who have delivered in the past three months. Each mother would fill out a simple questionnaire concerning reasons why they did or did not participate in prepared childbirth classes. This study will help health professionals in providing better patient care for the pregnant woman and her fetus. Would you please indicate your approval by signing the enclosed consent form and returning it to me in the enclosed envelope?

Sincerely,

Angela James, R.N.
Graduate Student, MUW

Enclosures

Appendix B

Physician's Memorandum of Agreement
Concerning Nursing Study

Title of Study: Discriminating Characteristics Between Attenders and Nonattenders of Prepared Childbirth Classes

_____
Name of Physician

Study discussed and explained to _____
Name of Physician

Involvement in Study:

___Cooperation: Consent for subjects to be used in study.

___Participation: Specify under comments

Communications Concerning Clients:

___At intervals

___As indicated

Comments concerning agreement:

_____ _____
Date Signature of Physician

_____
Investigator

Appendix C

Institution's or Agency's Memorandum of Agreement
Concerning Nursing Study

Title of Study: Discriminating Characteristics Between Attenders and Nonattenders of Prepared Childbirth Classes

_____
Name of Institution or Agency

Study discussed with and explained to _____
Name of Representative

Involvement in Study:

_____ Cooperation: Consent for subjects to be used in study

_____ Participation: Specify under comments

Communications Concerning Clients:

_____ At intervals (specify)

_____ As indicated

Comments Concerning Agreement:

_____
Signature of Representative

_____ _____
Date Investigator

Appendix D

Patient's Consent for Nursing Study

Title of Study: Discriminating Characteristics Between Attenders and Nonattenders of Prepared Childbirth Classes

Nature of Patient Participation:

I consent to participate in a study concerning why I chose to attend or not attend prepared childbirth classes by filling out a simple questionnaire. I have been informed by Mrs. Angela James that my name will not be used in any manner with students, faculty, or others. I understand that I may refuse to participate in this study or withdraw from the study at anytime. Your cooperation in this study will allow us to give the best care possible to pregnant women and their babies.

_____ _____

Date Patient Signature

I explained this study to the patient on the date given.

_____ _____

Date Investigator

Appendix E

Discriminating Characteristics Questionnaire

Please answer the following questions:

1. Age_____ 3. Religion_____
2. Race_____ 4. Marital Status_____

5. Last grade completed in school_____
6. Birth order of this child_____
7. Have you ever attended prepared childbirth classes? _____
8. Did you attend prepared childbirth classes with this child?
   _____ If Yes, go to question 9.
   _____ If No, go to question 10.

9. Check appropriate answer regarding why you chose to attend prepared childbirth classes. Please star (*) the most important reasons.

   _____Dr. suggest it
   _____Needed the information
   _____Thought it would be good for the baby
   _____Saw poster advertising class
   _____Knew someone else had attended
   _____Wanted to try to have baby without use of anesthesia
   _____Wanted to learn breathing and relaxation techniques
   _____Wanted husband to be an active part of the birth

10. Check appropriate answer regarding why you chose not to attend prepared childbrith classes. Please star (*) the most important reason.

   _____Lack of finances
   _____Lack of transportation
   _____Didn't know about it
   _____Had no one to attend with me
   _____Dr. did not suggest it
   _____Didn't think it was necessary
   _____Conflict in schedule
   _____Too far to travel
   _____Attended with previous pregnancy

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